

## PRELIMINARY DISCUSSION DRAFT – NOT FINAL

**Recommendation:** A full array of mental health crisis response and sub-acute residential services should be developed in strategic locations by the end of SFY19.

Mental health crisis and sub-acute services include:

- Crisis assessment - face-to-face clinical interview to determine an individual's current and previous level of functioning, potential for dangerousness, physical health, and psychiatric and medical condition. The crisis assessment becomes part of the individual's action plan.
- Crisis screening - process to determine what crisis response service is appropriate to effectively resolve the presenting crisis.
- Crisis stabilization community-based services (CSCBS) - short-term community-based services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis
- Crisis stabilization residential services (CSRS) - short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis
- Mobile response - a mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis.
- Twenty-four-hour crisis line - a crisis line providing information and referral, counseling, crisis service coordination, and linkages to crisis screening and mental health services 24 hours a day.
- Twenty-three-hour observation and holding - a level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.
- Warm line - a telephone line staffed by individuals with lived experience who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.
- Sub-acute services - a comprehensive set of wraparound services for individuals who have had or are at imminent risk of having acute or crisis mental health symptoms that threatens removal of the individual from their home and community, but do not need acute inpatient care.

Mental Health and Disability Services (MHDS) Regions should be required to develop and provide a full array of "Core Plus" mental health crisis response and sub-acute services and provide funding for their initial start-up. MHDS Regions and MCOs should joint agree on which sub-acute facilities are jointly designated in strategic geographic locations. MHDS Regions should be required to provide ongoing funding for services that are not reimbursed by Medicaid (e.g., services to individuals not enrolled in Medicaid, twenty-four-hour crisis line and warm lines.)

MCOs should reimburse at the floor rate for Medicaid enrolled mental health crisis and sub-acute providers for services provided to MCO members that have a demonstrable need for the service. MCOs should offer contracts to all mental health crisis service providers and jointly designated subacute facilities. MCOs should be required to meet access standards for these services.

The statutory limit of 75 publicly funded sub-acute beds and the requirement that the Department of Human Services review and approve licensing applications should be removed.